

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000595

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: CNAD OF FLORIDA, INC.

## Current Principal Place of Business:

2900 GLADES CIRCLE  
SUITE 750  
WESTON, FL 33327

## New Principal Place of Business:

## Current Mailing Address:

2900 GLADES CIRCLE  
SUITE 750  
WESTON, FL 33327

## New Mailing Address:

FEI Number: 20-2568730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINZON, MAGDALENA MRS  
2900 GLADES CIRCLE  
SUITE 750  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEAL, JAIME MR  
Address: 2900 GLADES CIRCLE, SUITE 750  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete  
Name: MORALES, VIVIAN MRS  
Address: 135 GABLES BLVD  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete  
Name: BRAND, NUBIA  
Address: 1770 NORTH EAST 191 ST. APT. C1  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: SERPA, HORACIO  
Address: 2900 GLADES CIRCLE, SUITE 750  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: LONDOÑO, NOHRA E  
Address: 10421 OLD CUTLER RD APT. 103  
City-St-Zip: MIAMI, FL 33190

Title: DIR ( ) Delete  
Name: PINZON, MAGDALENA S  
Address: 2647 CENTER COURT DR.  
City-St-Zip: WESTON, FL 33332

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME LEAL

P

02/27/2006

Electronic Signature of Signing Officer or Director

Date